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PTO/SB/01 (3-97)

Approved for use through 8/30/98. OMB 0651-0032

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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**☒ Declaration
Submitted
with Initial
Filing OR ☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number

First Named Inventor

Kitaygorodskiy, Gennadiy

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Historical war game with flat soldiers and method of playing it

(Title of the invention)

the specification of which

☒ is attached hereto
OR☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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PTO/SB/01 (12-97)
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent
Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(If applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name

Registration
Number

Name

Registration
Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number
or Bar Code Label

OR ☐ Correspondence address below

Name

KITAYGORODSKIY, GENNADIY

Address

2167 East 69th Street

Address

City

Brooklyn

State

NY

ZIP

11234

Country

Kings

Telephone

(718) 241-9756

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

GENNADIY

Family Name or Surname

KITAYGORODSKIY

Inventor's
Signature

G. Kitaygorodskiy

Date

12/27/01

Residence: City

Brooklyn

State

NY

Country

Kings

Citizenship

Ukrainian

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Post Office Address

City

Brooklyn

State

NY

ZIP

11230

Country

Kings

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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<h1>DECLARATION</h1>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname				
ALEKSANDR			TEMNOROD				
Inventor's Signature	<i>Aleksandr Temnorod</i>				Date	12/28/01	
Residence: City	Brooklyn	State	NY	Country	Kings	Citizenship	Ukrainian
Post Office Address	1890 East 5th Street # 1R						
Post Office Address							
City	Brooklyn	State	NY	ZIP	11233	Country	Kings
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname				
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname				
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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